

Utah Department of Health, Child Care Licensing

Request for Verification of License Exempt Status

Note: It may take up to 60 days to process your **completed** application. An application is considered complete when **all** required documents have been received.

A. CONTACT & LOCATION INFORMATION:

Applicant's Name: _____

Program Name: _____

Applicant Phone #: (____) _____ Program Phone #: (____) _____

Fax #: (____) _____ Email address: _____

Location Address: _____

Mailing Address: _____

Has your program ever been licensed or certified as a child care program in Utah? ____ Yes ____ No

B. PROGRAM INFORMATION:

Please answer the following questions regarding the services you offer:

1. What ages of children does your program accept?

From _____ months / years (circle one) to _____ months / years (circle one)

2. Do parents / guardians pay a fee for their child(ren) to attend your program? ____ Yes ____ No

If yes, is the fee: ____ Weekly ____ Monthly ____ Yearly: List Amount if Yearly \$ _____

3. What hours and days of the week are your services offered to children?

☐ Sundays from _____ am / pm (circle one) to _____ am / pm

☐ Mondays from _____ am / pm (circle one) to _____ am / pm

☐ Tuesdays from _____ am / pm (circle one) to _____ am / pm

☐ Wednesdays from _____ am / pm (circle one) to _____ am / pm

☐ Thursdays from _____ am / pm (circle one) to _____ am / pm

☐ Fridays from _____ am / pm (circle one) to _____ am / pm

☐ Saturdays from _____ am / pm (circle one) to _____ am / pm

4. Do you provide care for school age children for 4 or more hours on days when school is not in session? (Holidays, summers, off-track, etc.) ____ Yes ____ No

5. How many hours in one day can any individual child be present at your program? _____

6. What is the maximum number of children who may be in attendance at your program at the same time? _____

C. EXEMPT CATEGORY INFORMATION:

In addition to completing the information on this page, you must also complete the declaration on page 5 of this form. If you would like your program to be reviewed for exemption for any reason other than your days and hours of operation and the number of children who attend your program, please complete the information on the following pages for any additional exempt categories you would like to be considered under.

Care Not in Lieu of Parental Care, R430-8-4

1. Are the parents of each child being served present at the facility throughout the time their child attends the program?

☐ Yes ☐ No

2. Does the program prepare or serve meals to children?

☐ Yes ☐ No

If yes, please list the meals prepared and/or served: _____

3. Does the program change children's diapers?

☐ Yes ☐ No

Care Under Other Government Oversight, R430-8-5

1. Is the program owned or operated by the federal government?

☐ Yes ☐ No

If yes, list the government agency that owns or operates the program: _____

2. Is the facility where the program is located owned by the federal government?

☐ Yes ☐ No

If yes, list the government agency that owns the facility: _____

3. Is the program part of a summer camp that operates on federal land with a federal permit?

☐ Yes ☐ No If yes, attach a copy of the federal permit.

4. Is the program operated by an organization that qualifies for tax exempt status under Section 501(c)(3) of the Internal Revenue Code?

☐ Yes ☐ No If yes, attach a copy verification of the program's 501(c)(3) status from the IRS.

If the program qualifies as a 501(c)(3) program, does the program have a written agreement with a local municipality or county that provides oversight of the program?

☐ Yes ☐ No If yes, attach a copy of the written agreement between the program and the local municipality or county.

Care Provided By, At, or as Part of a Course of Study at a Public School, R430-8-9(1)

1. Is the care provided by or at a public school?

☐ Yes ☐ No If yes, list the school and the school district. _____

2. If the care is not provided at a public school, is it provided as part of a course of study at a public school?

☐ Yes ☐ No If yes, list the public school and the school district, the name of the course, and describe how the care provided is part of the course. _____

Care Provided by a Private School, R430-8-9(3)

1. Is the program administered by a private school, or is it part of a course of study at a private school?

☐ Yes ☐ No

If yes, what grades does the private school currently have children enrolled in? Check all that apply.

☐ 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ 5th ☐ 6th ☐ 7th ☐ 8th ☐ 9th ☐ 10th ☐ 11th ☐ 12th

2. Please list the subjects the private school teaches, or else attach printed program information that lists these subjects.

3. Does the private school have a governing board that actively supervises the curriculum and exercises oversight over the health and safety of the children in the program?

☐ Yes ☐ No

If yes, please describe how curriculum, health, and safety oversight is provided by the governing board.

4. Does the facility receive public funding?

☐ Yes ☐ No If yes, please list the public funding sources. _____

5. Does (or will) the facility receive child care subsidy funds from parents or the Department of Workforce Services?

☐ Yes ☐ No **If a private school receives public child care subsidy funds, the program does not qualify for license exempt status, and must have a child care license.**

6. Does (or will) the facility receive CACFP child nutrition funds from the State Office of Education?

☐ Yes ☐ No **If a private school receives public child care food program funds, the program does not qualify for license exempt status, and must have a child care license.**

7. Is the school operated in the home of the children who attend the school?

☐ Yes ☐ No

Care Provided by a Parochial School, R430-8-9(4)

1. Is the program administered by a parochial education institution? ☐ Yes ☐ No
2. Is the program owned and operated by a religious organization that is registered with the federal government as a 501(c)(3) religious organization?
☐ Yes ☐ No If yes, attach a copy of verification from the IRS of the organization's status as a 501(c)(3) religious organization.
3. What grades does the parochial school currently have children enrolled in? Check all that apply.
☐ 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ 5th ☐ 6th ☐ 7th ☐ 8th ☐ 9th ☐ 10th ☐ 11th ☐ 12th
4. Please list the subjects the parochial school teaches, or else attach printed program information that lists these subjects.

5. Does the parochial school have a governing board that actively supervises the curriculum and exercises oversight over the health and safety of the children in the program?
☐ Yes ☐ No
If yes, please describe how curriculum, health, and safety oversight is provided by the governing board.

6. Does the facility receive public funding?
☐ Yes ☐ No If yes, please list the public funding sources. _____

7. Does (or will) the facility receive child care subsidy funds from parents or the Department of Workforce Services?
☐ Yes ☐ No **If a parochial school receives public child care subsidy funds, the program does not qualify for license exempt status, and must have a child care license.**
8. Does (or will) the facility receive CACFP child nutrition funds from the State Office of Education?
☐ Yes ☐ No **If a parochial school receives public child care food program funds, the program does not qualify for license exempt status, and must have a child care license.**
9. Is the school operated in the home of the children who attend the school?
☐ Yes ☐ No

Care Provided by an Institution of Higher Education, R430-8-9(2)

1. Is the program operated at an institution of higher education?

☐ Yes ☐ No

If yes, list the name of the educational institution: _____

2. If the program is operated at an institution of higher education, is it operated in connection with a course of study at the educational institution?

☐ Yes ☐ No

If yes, list the associated course, and explain how the program is connected with the course: _____

Care Provided to Related Children, R430-8-7

1. Are all of the children you provide care for your own children, step-children, legal wards, grandchildren, siblings, nieces, or nephews?

☐ Yes ☐ No

D. DECLARATION:

I certify that the information provided in this document is true and correct. I understand that if I provide false, misleading, or incomplete information, any verification of this program's legally exempt status provided by the Department of Health is null and void.

Printed Name of Program

Printed Name of Applicant

Applicant's Signature

____/____/____
Signature Date

Submit completed application, fees, and all required application documents to the Salt Lake office or the Provo office:

Salt Lake Office

Mailing Address
Child Care Licensing, Salt Lake Office
P.O. Box 142007
Salt Lake City, UT 84114-2007

Location Address
(Do **NOT** mail items to this address)
3760 South Highland Drive, Room 403
Salt Lake City, UT 84106

Phone: (801) 273-6617
Toll Free: 1-888-287-3704
Fax: (801) 273-4145

Provo Office

Child Care Licensing, Provo Office
150 East Center Street, Suite 3200
Provo, UT 84606

Phone: (801) 374-7688
Toll Free: 1-800-894-2588
Fax: (801) 371-1168

For office use only. Do not write below this line.

- ☐ DWS child care subsidy status verified on: ____/____/____ Initials of person verifying: _____
Does the facility receive DWS subsidy payments? ☐ Yes ☐ No

- ☐ Food program status verified on: ____/____/____ Initials of person verifying: _____
Does the facility participate in the CACFP food program? ☐ Yes ☐ No